PART B - FEE(S) TRANSMIPTAL

Complete and send the	his form, together w.	applicable f	ee(s), to: <u>Mail</u> or Fax	Mail Stop ISS Commissioner f P.O. Box 1450 Alexandria, Vir (703) 746-4000	FEE or Patents ginia 22313-1450	4
INSTRUCTIONS: The for appropriate. All further cor included unless confected to manifestages for including	m should be used for training the respondence including the selow or directed otherwises.	nsmitting the ISSU Patent, advance on e in Block 1, by (a		CATION FEE (if required of maintenance fees correspondence address	nired). Blocks 1 through 5 will be mailed to the current; and/or (b) indicating a sep	should be completed where a correspondence address as arate "FEE ADDRESS" for
27194 75 HOWREY SIMO c/o IP DOCKETIN 2941 FAIRVIEW F FALLS CHURCH,		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Express Mail No. EV380370907US Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
7401 7000,000	ELDZ AAAAA12A 1AA1AA5	55		Jennifer Altman		(Depositor's name) (Signature)
04/22/2005 WARDELR3 00000120 10010055 01 FC:1501 1400.00 DP				April 19, 2005		(Date)
02 FC:1504 300.00 Q		00.00 <u>ab</u>	FIRST NAMED INVENTOR			· · · · · · · · · · · · · · · · · · ·
APPLIJG AFTI (1980) 10/010,055	APPIGEATIONNO. FILING DATE \$.00 (Benjamin R. Yerxa		03678.0023.CNUS04	CONFIRMATION NO. 8525
APPLN. TYPE nonprovisional	SMALL ENTITY NO			UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 05/23/2005
EXAMINER		ART UN	пт с	LASS-SUBCLASS	7	
LEWIS, PA	ATRICK T	1623		514-047000	_	
Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	lence address (or Change of 22) attached. ion (or "Fee Address" Indic or more recent) attached. Us	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)			
recordation as set forth in (A) NAME OF ASSIGNI	37 CFR 3.11. Completion	of this form is NO	T a substitute for filing) RESIDENCE: (CIT	the patent. If an assign an assignment. TY and STATE OR COntrol The Carolina	,	document has been filed for
Please check the appropriate			_		Corporation or other private gr	oup entity Government
4a. The following fee(s) are Issue Fee	enclosed: mall entity discount permitt	41	4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3038 (enclose an extra copy of this form).			
	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applicant is n	o longer claiming SMA	LL ENTITY status. See 37 (FR 1.27(g)(2).
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Typed or printed name V					1 No41,131	
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